

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107518319**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		12					53						
4		21					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		10					62						
13		10					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23		10					73						
24		10					74						
25		10					75						
26		10					76						
27		10					77						
28		10					78						
29		10					79						
30		10					80						
31		10					81						
32		10					82						
33		10					83						
34		10					84						
35		10					85						
36		10					86						
37		10					87						
38	+	1					88						
39	+	1					89						
40							90						
41		12					91						
42		10					92						
43		10					93						
44	+	1					94						
45	+	1					95						
46		1					96						
47	+	1					97						
48	+	1					98						
49	+	1					99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	40						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS